

Issue Classification				Application/Control No.		Applicant(s)/Patent under Reexamination	
				10/618,590		OHTSUKI ET AL.	
				Examiner		Art Unit	
				Peter B. Kim		2851	

ORIGINAL				CROSS REFERENCE(S)			
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
355	69	355	53	67			
INTERNATIONAL CLASSIFICATION		359	326				
G 0 3 B	27/72						
G 0 3 B	27/42						
G 0 3 B	27/54						
G 0 2 F	1/35						
	/						
 (Assistant Examiner) (Date)				 PETER B. KIM PRIMARY EXAMINER (Primary Examiner) 6/6/05 (Date)			
 Alabama 6905 (Legal Instruments Examiner) (Date)				Total Claims Allowed: 82 O.G. Print Claim(s) 43 O.G. Print Fig. 2			

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1		31		61		91	
2		32		62		92	
3		33		63		93	
4		34		64		94	
5		35		65		95	
6		36		66		96	
7		37		67		97	
8		38		68		98	
9		39		69		99	
10		40		70		100	
11		41		71		101	
12		42		72		102	
13		43		73		103	
14		44		74		104	
15		45		75		105	
16		46		76		106	
17		47		77		107	
18		48		78		108	
19		49		79		109	
20		50		80		110	
21		51		81		111	
22		52		82		112	
23		53		83		113	
24		54		84		114	
25		55		85		115	
26		56		86		116	
27		57		87		117	
28		58		88		118	
29		59		89		119	
30		60		90		120	

Issue Classification	Application/Control No.	Applicant(s)/Patent under Reexamination
	10/618,590	OHTSUKI ET AL.
Examiner	Art Unit	
Peter B. Kim	2851	

20f 2

ISSUE CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
355	69	355	53	67				
INTERNATIONAL CLASSIFICATION		359	326					
G 0 3 B	27172							
G 0 3 B	27142							
G 0 3 B	27154							
G 0 2 F	1135							
	/							

(Assistant Examiner) (Date)

Adama 6/4/05
(Legal Instruments Examiner) (Date)

P. B. K.

PETER B. KIM
PENNSYLVANIA

(Primary Examiner)

6/6/65
(Date)

(Da

Total Claims Allowed: 82

O.G.
Print Claim(s)

43

O.G.
Print Fig

2

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.I.4.17	
Final	Original	Final	Original	Final	Original	Final	Original
211		68	241				
212		69	242				
213		76	243				
214		77	244				
215			245				
216			246				
217			247				
218			248				
219			249				
220			250				
221			251				
222			252				
223			253				
224			254				
225			255				
226			256				
227			257				
228			258				
229			259				
230			260				
231			261				
232			262				
19	233		263				
20	234		264				
30	235		265				
31	236		266				
41	237		267				
42	238		268				
53	239		269				
54	240		270				
				271			
				272			
				273			
				274			
				275			
				276			
				277			
				278			
				279			
				280			
				281			
				282			
				283			
				284			
				285			
				286			
				287			
				288			
				289			
				290			
				291			
				292			
				293			
				294			
				295			
				296			
				297			
				298			
				299			
				300			
				301			
				302			
				303			
				304			
				305			
				306			
				307			
				308			
				309			
				310			
				311			
				312			
				313			
				314			
				315			
				316			
				317			
				318			
				319			
				320			
				321			
				322			
				323			
				324			
				325			
				326			
				327			
				328			
				329			
				330			
				331			
				332			
				333			
				334			
				335			
				336			
				337			
				338			
				339			
				340			
				341			
				342			
				343			
				344			
				345			
				346			
				347			
				348			
				349			
				350			
				351			
				352			
				353			
				354			
				355			
				356			
				357			
				358			
				359			
				360			
				361			
				362			
				363			
				364			
				365			
				366			
				367			
				368			
				369			
				370			
				371			
				372			
				373			
				374			
				375			
				376			
				377			
				378			
				379			
				380			
				381			
				382			
				383			
				384			
				385			
				386			
				387			
				388			
				389			
				390			